

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER 1ST
AMENDMENT

AFTER 2ND
AMENDMENT

IND

DEP

IND

DEP

IND

DEP

1

1

2

1

3

1

4

2

5

1

6

7

8

9

10

11

12

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50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

IND

DEP

IND

DEP

IND

DEP

51

52

53

54

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58

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60

61

62

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64

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